

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
31713

Registration District No. 3614 Registered No. 112111
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Martha Caroline Watkins

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Franklin Watkins

(9) PRESENT POSTOFFICE OF FATHER Haley Hill S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (Year)

(12) BIRTHPLACE Orangeburg Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE One Victoria Budson

(15) PRESENT POSTOFFICE OF MOTHER Haley Hill S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Year)

(18) BIRTHPLACE Dorchester Co.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida Sweetman

(24) State whether Physician or Midwife Mid Wife

(25) Address of Physician or Midwife Haley Hill S.C.

Given name added from a supplemental report

(26) Witness.....
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 26, 1922 (28) D. E. Doughter Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 8.

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